



**INDIVIDUAL TRAINING ACCOUNT  
BILLING FORM**

P.O. BOX 480  
JEFFERSON CITY, MO 65102

**SECTION A. (PLEASE PRINT OR TYPE)**

1. NAME OF PARTICIPANT	(LAST)	(FIRST)	(INITIAL)
2. TRAINING INSTITUTION			
3. INSTITUTION ADDRESS			
CITY		STATE	ZIP CODE
4. CERTIFICATION		5. SOCIAL SECURITY NUMBER	

**SECTION B.**

1. BILLING PERIOD
START
END
<b>NOTE:</b> When submitting WIA billings to DESE the following must be adhered to.  <b>"The school may only bill for <i>actual</i> costs incurred. DOCUMENTATION IS REQUIRED FOR ALL EXPENSES AND MUST BE ATTACHED TO DESE 2."</b>

**SECTION C.**

1. TOTAL TUITION BILLED	\$	
2. TOTAL FEES BILLED	\$	
3. TOTAL SUPPLIES BILLED	\$	
4. TOTAL COST BILLED	\$	

**I CERTIFY THAT THE INFORMATION REPORTED HEREIN IS CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF**

SIGNATURE	DATE
PRINT NAME	TELEPHONE NUMBER

**SECTION D. THIS SECTION TO BE COMPLETED BY THE DEPT OF ELEMENTARY & SECONDARY EDUCATION**

<input type="checkbox"/>	1 – CORRECTION 2 – UPDATE	<input type="checkbox"/>	<input type="checkbox"/>	BILLING MONTH
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